

**REQUEST FOR PROPOSALS**

**For**

**HIV PREVENTION SERVICES**  
**SOCIAL NETWORKS TESTING**

**10-DPHS-HIVPREV-SNT-05**

**State Fiscal Year 2010**  
**July 1, 2009 – June 30, 2010**

**March 27, 2009**

**Contact Information:**

June Marriner

[JMarriner@dhhs.state.nh.us](mailto:JMarriner@dhhs.state.nh.us)

NH DHHS, DPHS, STD/HIV Section  
ATTN: Lindsay Pierce  
29 Hazen Drive  
Concord, NH 03301-6504

## **TABLE OF CONTENTS**

- 1. PURPOSE OF THE REQUEST FOR PROPOSALS AND AVAILABLE FUNDING**
- 2. BACKGROUND INFORMATION**
- 3. SCOPE OF SERVICES AND PERFORMANCE MEASURES**
  - 3.1 Scope of Services:
  - 3.2 Performance Measures
  - 3.3 Culturally and Linguistically Appropriate Standards of Care
- 4. ELIGIBILITY**
- 5. PROCUREMENT TIMETABLE**
- 6. LETTER OF INTENT**
- 7. BIDDERS' CONFERENCE AND BIDDERS' QUESTIONS**
  - 7.1. Bidders' Conference
  - 7.2. Bidders' Questions
- 8. APPROPRIATE USE OF FUNDS AND OTHER REQUIREMENTS**
- 9. PROPOSAL SUBMISSION INSTRUCTIONS.**
  - 9.1 Proposal Submission
  - 9.2 Required Materials
- 10. PROPOSAL REQUIREMENTS AND SCORING CRITERIA**
  - 10.1 Proposal Formatting and Adherence to Instructions
  - 10.2 Proposal Face Sheet
  - 10.3 Proposal Checklist
  - 10.4 Table of Contents
  - 10.5 Executive Summary
  - 10.6 Proposal Narrative and Logic Model
    - 10.6.1 Bidder Experience and Capacity
    - 10.6.2 Plan of Operation
    - 10.6.3 Logic Model
    - 10.6.4 Budget and Justification
- 11. PROPOSAL REVIEW AND EVALUATION**
- 12. PROCEDURES FOR BIDDER SELECTION AND NOTIFICATION**
- 13. DOCUMENTS FOR CONTRACT APPROVAL**
- 14. ADDITIONAL INFORMATION**

## **15. RESPONSIBILITIES OF THE DIVISION OF PUBLIC HEALTH SERVICES**

### **16. ENCLOSURES**

Letter of Intent Form  
Proposal Face Sheet & Instructions  
Proposal Checklist  
Logic Model Template  
Staff List Form & Instructions  
Budget Form  
Budget Form and Justification Instructions  
Sources of Revenue Form & Instructions  
Comprehensive General Liability Insurance Acknowledgement Form

**New Hampshire Department of Health and Human Services  
Division of Public Health Services  
STD/HIV Section**

## **REQUEST FOR PROPOSALS**

**HIV Prevention Services – Social Networks Testing**

**STATE FISCAL YEAR 2010**

**10-DPHS-HIVPREV-SNT-05**

March 27, 2009

The mission of the New Hampshire Department of Health and Human Services (NH DHHS), Division of Public Health Services (DPHS) is to assure the health and well-being of communities and populations in New Hampshire by promoting and protecting the physical, mental and environmental health of its citizens, by preventing disease, injury, disability and death, and preparing for public health emergencies. This mission is carried out, to a large degree, in partnership with community-based agencies that are awarded contracts through a Request for Proposals (RFP) process.

### **1. PURPOSE OF THE REQUEST FOR PROPOSALS AND AVAILABLE FUNDING**

The purpose of this RFP is to solicit proposals from qualified applicants to support the delivery of Social Networks Testing (SNT), a targeted Human Immunodeficiency Virus (HIV) testing program to identify persons with undiagnosed HIV infection within various social networks and link them to medical care and prevention services. One award will be considered for each, the greater Portsmouth and the greater Keene area.

Total funds for this RFP are available up to \$60,000 per year, for the anticipated time period of July 1, 2009 to June 30, 2010 with the potential for renewal for up to two additional years based on availability of funds and successful program implementation. Funding is available in the form of two geographically based awards up to \$30,000 each. Estimates of available funding presented here are subject to adjustments. Copies of this RFP and accompanying forms may be downloaded from our website at:

<http://www.dhhs.nh.gov/DHHS/OBO/LIBRARY/RFP/default.htm>. Forms contained in the PDF or print versions of the RFP cannot be used for electronic data entry. Electronic version of forms, to be used for proposal submission, will be provided to all bidders that submit a Letter of Intent.

## **2. BACKGROUND INFORMATION**

HIV/AIDS continues to be a major public health problem in the United States with approximately 56,000 new cases annually. Here in New Hampshire, approximately 36 new HIV infections and 35 new cases of AIDS are reported annually. As is true in the United States, New Hampshire has experienced a relatively steady number of new infections. As highly effective antiretroviral treatment enables those who have acquired HIV to live longer and healthier lives, the number of individuals living with HIV is steadily increasing with close to 1100 individuals in New Hampshire living with HIV/AIDS as of December 2007. With no vaccine or cure available in the near future, the only way to slow the spread of HIV is through prevention activities. Current statistics of NH HIV and AIDS cases can be found on the Department of Health and Human Services website at [www.dhhs.nh.gov/DHHS/CDCS/LIBRARY/Data-Statistical+Report/hiv-aids-report.htm](http://www.dhhs.nh.gov/DHHS/CDCS/LIBRARY/Data-Statistical+Report/hiv-aids-report.htm).

The Centers for Disease Control and Prevention (CDC) recommends a multifaceted approach to prevention including the use of carefully targeted behavioral interventions designed to provide effective support for those at risk of acquiring or transmitting HIV with an emphasis on supporting safer behavior on the part of those who are living with HIV/AIDS. In addition, CDC estimates that 25% of those infected with HIV in the United States are unaware of their status and are most likely to transmit the infection to their sex and/or needle-sharing partners. Prevention efforts must include initiatives to encourage these individuals to learn their status and to seek medical care and prevention services.

The NH Community Planning Group (CPG) works closely with the STD/HIV Section to define the populations to be served by HIV prevention interventions. The work of the CPG is guided by a careful examination of data included in the New Hampshire Integrated Epidemiologic Profile (available online at [www.dhhs.nh.gov/DHHS/CDCS/LIBRARY/Data-Statistical+Report/hiv-aids-iep.htm](http://www.dhhs.nh.gov/DHHS/CDCS/LIBRARY/Data-Statistical+Report/hiv-aids-iep.htm)) along with an examination of programs that have demonstrated results in New Hampshire. The priority population to be targeted for this RFP is men who have sex with men (MSM). The NH CPG has prioritized this population as at increased risk for HIV infection.

Social Networks Testing is a programmatic, peer-driven, recruitment strategy to reach the highest risk persons who may be infected but unaware of their status. This technique is accomplished by enlisting newly and previously diagnosed HIV-positive and high-risk HIV negative individuals on an ongoing basis and providing HIV Counseling Testing and Referral Services (HIV CTR) to people in their social networks. The strategy is based on the concept that individuals are linked together to form large social networks, and that infectious diseases often spread through these social networks. This type of strategy facilitates expansion and penetration of testing within these social networks.

The primary goal of Social Networks Testing is to identify persons with undiagnosed HIV infection within various networks and link them to medical care and prevention services. The secondary goal is to identify HIV-negative persons at high risk for becoming infected with HIV and link them to prevention and other services.

### **3. SCOPE OF SERVICES AND PERFORMANCE MEASURES**

#### **3.1 Scope of Services:**

The minimum required service to meet the priorities and goals for this RFP is defined by the STD/HIV Section's Social Networks Testing Implementation Protocol. Applicants shall adhere to the Implementation Protocol detailed below to develop their implementation plans. More information on Social Networks Testing can be found at the Center for Disease Control (CDC) website: <http://www.cdc.gov/hiv/resources/guidelines/snt/>. The STD/HIV Section's Social Networks Testing Implementation Protocol is based on the CDC Guidance on Social Networks Testing.

#### **Social Networks Testing Implementation Protocol**

The components listed in this protocol shall be addressed when developing an agency implementation plan. In addition to Incentives, Reporting Requirements, Security and Confidentiality and Material Promotion, there are four core phases to Social Networks Testing that shall be carried out for successful implementation. The four phases are:

1. Recruiter Enlistment
2. Engagement (Orientation, Interview, and Coaching)
3. Recruitment of Network Associates
4. HIV Counseling, Testing, and Referral Services (HIV CTR)

#### **Recruiter Enlistment:**

Potential recruiters are identified, screened for eligibility and invited to participate in the program. HIV-positive or HIV-negative high-risk persons who meet the criteria, and who are able and willing to recruit individuals at risk for HIV infection from their social, sexual, or drug-using networks are enlisted into the program. On an ongoing basis, program staff may approach and enlist new recruiters who may be able to provide access to additional networks.

To ensure a high-risk network is identified all recruiters will meet the following criteria:

- Men who have sex with men (MSM) who have engaged in unprotected anal intercourse in the last 90 days

In developing agency implementation plan programs will:

- Describe procedures for identifying, screening, approaching, and enlisting potential recruiters.
- Define specific staff members who will perform each function in the recruiter enlistment phase.

#### **Engagement: (Orientation, Interview, and Coaching)**

##### *Orientation:*

After recruiters are enlisted into the program, they are provided with an orientation session. The orientation session will explain the nature of the program and the social network techniques that may be used to approach their associates and discuss HIV testing with them. The orientation

may be done individually or in a small group setting. It is suggested the orientation be conducted following a checklist of key points.

Recruiter orientation will include:

- An in-depth discussion of program and purpose
- What constitutes participation
- The role of recruiter
- The meaning of the term “network associate”
- Options for recruiting network associates
- A detailed discussion of potential benefits and risks for recruiters

Programs are responsible for obtaining consent from all recruiters. It is recommended that this consent be in writing. Documentation of each recruiter’s orientation will be collected by maintaining a log of persons attending the orientation session on the Recruiter Enrollment Form provided by the STD/HIV Section.

In developing agency implementation plan programs will:

- Define how and when new recruiters will be oriented to the program.

*Interview:*

Following the orientation and once the recruiter has agreed to participate in the program the recruiter must meet with agency staff to be interviewed. Interviewers should work with each recruiter to elicit names and other descriptors of network associates the recruiter thinks would benefit from HIV CTR (i.e., persons who the recruiter knows and/ or believes may be at high risk for HIV infection). Interviewers may also attempt to elicit information about the nature of the recruiter’s relationship with each network associate (e.g., sex partner or other social contact). This information will help prioritize which network associates to contact first. Programs should elicit the names and other descriptors of all potential associates prior to conducting the coaching plan. *Recruiters are allowed a maximum of ten (10) network associates at any one time.* If a recruiter is successful in referring at-risk individuals for testing the agency may consider utilizing that recruiter again. Documentation of these interviews will consist of the name of the recruiter, the date of the interview and a name of each associate identified for potential recruitment. This information will be collected on the Network Associate ID Log provided by the STD/HIV Section.

In developing agency implementation plan programs will:

- Describe the process that recruiters will be interviewed to elicit information about their network associates. Specifically, by which staff person and how will that staff person obtain network associate information from the recruiter.
- Describe the type of information that will be obtained from recruiters.
- Describe how interviewers will work with recruiters to develop plans for attempting to recruit network associates for HIV CTR.
- Describe how information gathered during interviews will be documented.

### *Coaching:*

Programs will coach network recruiters to develop an individualized plan for working with each identified network associate. The agency should coach the recruiter on how best to approach each network associate to recruit for HIV CTR. Coaching may involve role-playing with recruiters as a training strategy. Coaching may be required on an ongoing basis throughout the period of the recruiter's participation. Recruiter coaching plans must be assessed and updated, at minimum, every 30 days. Staffing issues should be considered when deciding how many recruiters to enlist at any given time. Documentation of each recruiter's coaching plan will be kept on file by the agency. The STD/HIV Section may review these records upon request.

### Coaching Plans will include:

- Approaches for raising the topic of HIV CTR with network associates
- Approaches for disclosing their own HIV status to network associates, should they choose to do so
- Approaches to raising the topic of HIV CTR to network associates without revealing their own status, should they prefer not to disclose
- How to respond to network associates' questions about HIV transmission risks, available support services, confidentiality protections, or other issues
- How to respond to network associates' reactions, including the possibility of an angry or violent response
- How and where each network associate can receive HIV CTR
- How recruiters will be coached to follow up with any network associates who are referred, but do not show for HIV CTR
- Creating a personal safety plan

### In developing agency implementation plan programs will:

- Discuss how many recruiters the agency is capable of working with at any one given time.
- Describe the process by which recruiters will be coached and by which staff members.

*Note: Recruiters should not be conducting HIV prevention counseling when recruiting associates. The focus for the recruiter is to refer individuals they consider to be high-risk for HIV into HIV CTR.*

### **Recruitment of Network Associates:**

After a recruiter has been interviewed and a coaching plan for each associate has been developed, recruiters should begin contacting their network associates to recommend HIV CTR. Recruiters should not approach venues that are not part of their social networks or conduct "outreach" to persons with whom they have no social connection. The recruiter must initially approach all network associates independently and refer them to the program for HIV CTR. In the event a recruiter has approached a network associate who agrees to HIV CTR but does not feel comfortable going to the program site for testing, the recruiter may facilitate bringing program staff to the network associate. Once the network associate has given permission to the recruiter to facilitate HIV CTR at an alternate location, the recruiter will notify the program and accompany program staff to the agreed upon location. This information will be collected



through the coaching plan and kept of file by the agency. The STD/HIV Section may review these narrative records upon request.

In developing agency implementation plan programs will:

- Describe how they will track each recruiter's progress including how they will work with each recruiter to follow up with network associates who do not show up for HIV CTR.

### **HIV Counseling, Testing, and Referral Services (HIV CTR):**

Programs must be able to provide HIV CTR services to network associates at their own facilities (e.g., office, clinic) or make services available in areas where network associates live, work, and gather (e.g., testing on a mobile van, a housing program, a park, or cruising area). HIV testing of network associates must follow the protocol for HIV CTR put forth by the STD/HIV Section. Documentation of all HIV CTR will be collected on the CDC PEMS HIV CTR Form and sent to the STD/HIV Section. Programs will enter "SNT" into the Local Field Use, L2 section of the form for all network associates tested. Programs must ensure the same name appears on all forms related to the network associate to appropriately link the associate to the recruiter and the program goals.

Prior to implementing SNT programs will:

- Have an agreement in place with, at minimum, one HIV medical care provider that documents that the provider is aware of the SNT intervention being delivered and is willing to accept newly diagnosed individuals into their practice. Programs must document the name of the HIV medical care provider and keep on file at the agency. The STD/HIV Section may review this documentation upon request.
- Have a Memorandum of Understanding (MOU) in place with the locally funded STD/HIV clinic in their area. This memorandum must list the two agencies and document that the STD/HIV clinic is aware of the intervention being delivered and will accept individuals from the program for comprehensive STD testing and treatment. Programs must submit this MOU to the STD/HIV Section.

In developing agency implementation plans programs will:

- Describe the referral services available to clients, either directly or through other agencies (e.g., medical evaluation; additional HIV prevention interventions; substance abuse treatment; mental health treatment; and social services)
- Describe procedures for making referrals and confirming if the client acted on the referrals.

### **Incentives, Reporting Requirements, Confidentiality, and Promotion:**

#### *Incentives:*

Incentives may be used to aid in the implementation of SNT. Programs should decide what incentive is appropriate for the population they serve. *Cash and/or syringe incentives are prohibited.* Incentives may be provided on a one time or periodic basis to encourage potential recruiters to participate in the program. An incentive may also be provided to recruiters for every network associate they successfully recruit for HIV CTR. However, this approach must be closely monitored because it may lead to recruitment of many "network associates" that are not truly at risk for HIV. Programs may also provide incentives to network associates to encourage

them to participate in HIV CTR or to encourage them to return for test results. Programs utilizing incentives must provide documentation to the STD/HIV Section describing how the agency will use incentives, what the incentives are and the amount of each incentive.

In developing agency implementation plans programs will:

- Define who will receive the incentives.
- Describe what incentives will be used.
- Describe when and under what conditions they will be provided.
- Specify staff that will be responsible for obtaining, managing and distributing incentives.

*Reporting Requirements:*

All funded HIV prevention programs must report name identified - client level data to the STD/HIV Section. The following forms will be used to monitor the implementation of Social Networks Testing:

- **Recruiter Enrollment Form**  
Program staff will complete this form for each person enrolled as a Recruiter. Only participants who complete an orientation session will be considered enrolled. Copies of completed forms should be submitted to the STD/HIV Section after the Recruiter completes an orientation session.
- **Network Associate Identification Form**  
Program staff will complete this form for each network associate identified by a recruiter during interviews, and during subsequent follow-up interviews. A copy should be submitted to the STD/HIV Section after the Network Associate appears for HIV CTR or 3 months after the interview date, whichever comes first.
- **Network Associate Encounter Record**  
Program staff will complete this form for each network associate referred by a recruiter who appears for HIV CTR, whether or not the associate is actually tested. This is provided as a separate form because the client's Network Associate Identification Form might not be readily accessible when the person appears for testing, or the client might not give enough identifying information to immediately link him/her to a Network Associate Identification Form. However, if possible, the corresponding Network Associate Identification Record should be located when the person is still present so that the two forms can be linked. Otherwise, enough identifying information should be collected to ultimately link the two forms. A copy of this form should be submitted to the STD/HIV Section with the CDC HIV test form or, if the Associate declines HIV testing, at the end of the month.
- **CDC PEMS HIV CTR Form**  
This form is to be completed for each person tested, as per HIV CTR Program Evaluation Monitoring System (PEMS) instructions.
- **Social Networks Testing Program Manager's Monitoring Tool**  
It is recommended that programs use this tool after several months of activity to monitor program implementation and identify areas for improvement. This form should *not* be submitted to the STD/HIV Section.

*Security and Confidentiality:*

All programs will adhere to the security and confidentiality guidelines put forth by the STD/HIV Section for all HIV prevention programs. All programs will attend the annual security and confidentiality update provided by the STD/HIV Section every January. All programs will sign the security and confidentiality checklist detailing the requirements after attending the annual update.

In developing agency implementation plans programs will:

- Describe the process for which they will ensure the security and confidentiality guidelines put forth by the STD/HIV Section will be followed.

*Program Promotion:*

All materials developed to publicize and promote the SNT program will be evaluated and approved through the STD/HIV Section's Materials Review Committee. Materials that have not been approved through the Materials Review Committee may not be utilized.

### **3.2 Performance Measures**

The DPHS is committed to assuring that it delivers high quality public health services directly or by contract. As stewards of state and federal funds we strive to assure that all services are evidenced-based and cost efficient. To measure and improve the quality of public health services, DPHS employs a performance management model. This model, comprised of four components, provides a common language and framework for DPHS and its community partners. These four components are: 1) performance standards; 2) performance measurement; 3) reporting of progress; and, 4) quality improvement. DPHS has established the following performance measures for the work to be carried out under this proposal.

- Proportion of recruiters screened who enroll in the program
- Proportion of network associates identified by recruiters who access HIV Counseling Testing and Referral Services (HIV CTR)
- Proportion of network associates who complete HIV CTR and receive their results within 30 days of testing
- Proportion of network associates that test positive for HIV infection and received documented referrals for HIV medical care

As part of this proposal, the bidder is required to complete the logic model provided by the STD/HIV Section. Some components have been completed in the logic model for consistency. The logic model should detail the number of recruiters each bidder plans to recruit and the number of associates the bidder plans to provide HIV testing to. This logic model should describe the steps that will be taken towards meeting the performance measures and the overall program objectives and goals. At intervals specified by DPHS, the selected bidder/contractor will report on their progress towards meeting the performance measures, and overall program goals and objectives to demonstrate they have met the minimum required services for the proposal.

### 3.3 Culturally and Linguistically Appropriate Standards of Care

DPHS recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, DPHS expects the Contractor shall provide culturally and linguistically appropriate services according to the following guidelines:

- Assess the ethnic/cultural needs, resources and assets of their community.
- Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
- When feasible and appropriate, provide clients of minimal English skills with interpretation services.
- Offer consumers a forum through which clients have the opportunity to provide feedback to the Contractor regarding cultural and linguistic issues that may deserve response.

## 4. ELIGIBILITY

Proposals may be submitted by any established non-profit corporation, public agency (agency or department of municipal, county, or state government); or by private proprietorships, partnerships, or corporations; or by a consortium of public, non-profit, and private entities. In the case of collaborative proposals, one organization shall be designated to enter into a contractual relationship with the DPHS. Programs currently funded shall be in full fiscal and programmatic compliance in order to receive consideration for an award under this RFP.

## 5. PROCUREMENT TIMETABLE

March 27, 2009	RFP packages are available by request or via the NH DHHS website <a href="http://www.dhhs.nh.gov/DHHS/OBO/LIBRARY/RFP/default.htm">http://www.dhhs.nh.gov/DHHS/OBO/LIBRARY/RFP/default.htm</a>
March 31, 2009	Bidders' Conference (optional)
April 7, 2009	Letters of Intent due to DPHS by 4:30 PM EST (Mandatory)
April 21, 2009	Deadline to submit questions in writing relative to RFP by 4:30 PM EST
<b>May 5, 2009</b>	<b>Proposals due to DPHS by 4:30 PM EST</b>
May 29, 2009	Notices will be sent to selected bidder(s)
June 1, 2009	Contract documents sent by DPHS to selected bidder(s) for signature
June 15, 2009	Signed contract documents due back to DPHS
July 1, 2009	Effective date of contracts, pending Governor and Council approval.

## **6. LETTER OF INTENT**

The enclosed Letter of Intent Form, or other written communication that includes all information requested on the Letter of Intent Form, shall be used to satisfy the Letter of Intent requirement by submitting to DPHS as described on the form. Letters of Intent must be received by 4:30 PM on April 7, 2009.

A Letter of Intent offers the benefit of ensuring that a bidder will receive notice of any modifications made to the RFP as well as copies of questions asked by all bidders and answers provided by DPHS, as described in Section 7.2. Also, electronic versions of forms, required for proposal submission, will be provided to all bidders that submit a Letter of Intent.

## **7. BIDDERS' CONFERENCE AND BIDDERS' QUESTIONS**

### **7.1. Bidders' Conference**

A bidders' conference will be held for all bidders on March 31, 2009 at 1:00 PM at Creative Classrooms/Walnut Hill, located in Raymond, NH. Attendance at the bidders' conference is strongly recommended. Bidders may participate via conference call if they are unable to attend the conference. Contact June Marriner via email at [JMarriner@dhhs.state.nh.us](mailto:JMarriner@dhhs.state.nh.us) to RSVP to attend in person or via phone by March 30, 2009 at 4:30 PM. The conference will provide an overview of the RFP process and an opportunity to receive technical assistance. Questions received at the bidders' conference and corresponding replies will be communicated via e-mail to all bidders' conference attendees and will be published on the DHHS web site at: <http://www.dhhs.nh.gov/DHHS/OBO/LIBRARY/RFP/default.htm>

### **7.2. Bidders' Questions**

Please see the DHHS' Frequently Asked Questions (FAQs) about the RFP process at <http://www.dhhs.nh.gov/DHHS/OBO/FAQs/default.htm>. These will provide answers to many commonly asked questions about the proposal process. All questions relative to the RFP must be submitted in writing to Lindsay Pierce by the date in the Procurement Timetable at the address below or via e-mail at [Lindsay.Pierce@dhhs.state.nh.us](mailto:Lindsay.Pierce@dhhs.state.nh.us). These questions and their answers will be sent to all bidders who have submitted a Letter of Intent and will also be published on the DHHS web site at the web address noted in the Procurement Timetable.

NH DHHS, DPHS, STD/HIV Section  
ATTN: Lindsay Pierce  
29 Hazen Drive  
Concord, NH 03301-6504

## **8. APPROPRIATE USE OF FUNDS AND OTHER REQUIREMENTS**

Funds may be used to pay salaries and benefits of program staff, meeting expenses, travel for program and training purposes, technical assistance and other training, educational materials,

postage, supplies, rent, laboratory services, subcontracts, consultants, equipment, software, and telephone. Indirect costs must be less than or equal to 10%. DPHS funding may not be used to replace funding for a program already funded from another source. Federal restrictions prohibit these funds from being used for any type of construction projects or needle exchange programs.

Funded contractors/vendors will be expected to keep records of their activities related to DPHS-funded programs and services. Payment for contracted services will be made on a combined line item cost reimbursement basis on monthly invoices for expenditures incurred and upon compliance with reporting requirements.

Funded contractors/vendors will be accountable to meet the scope of services. Failure to meet the scope of services may jeopardize the funded contractor/vendor's current and/or future funding. Corrective action may include actions such as a contract amendment or termination of the contract. The contracted organization shall prepare progress reports, as required.

Staff funded under this RFP will be required to attend pertinent technical assistance sessions and progress reviews sponsored by DPHS.

## **9. PROPOSAL SUBMISSION INSTRUCTIONS.**

### **9.1 Proposal Submission**

Proposals shall be submitted to:

NH DHHS, DPHS, STD/HIV Section  
ATTN: Lindsay Pierce  
29 Hazen Drive  
Concord, NH 03301-6504

The proposal shall be received (not simply post-marked) by DPHS no later than 4:30 PM, EST on the date specified in the Procurement Timetable in Section 5. **No extensions will be granted. Faxed copies will NOT be accepted. The responsibility for submitting a response to this RFP on or before the stated time and date will rest solely and strictly with the bidder.** The DPHS will in no way be responsible for delays in delivery caused by the U.S. Postal Service or other couriers, or caused by any other occurrence.

### **9.2 Required Materials**

The following required materials shall be submitted to DPHS in order for a proposal to be complete:

1. Original proposal, marked as such, plus five (5) copies
2. Proposal Face Sheet
3. Proposal Checklist
4. Table of Contents
5. Executive Summary

6. Proposal Narrative
7. Logic Model
8. Staff List Form
9. Budget Form
10. Sources of Revenue Form
11. Comprehensive General Liability Insurance Acknowledgement Form

*Forms contained in the PDF or print versions of the RFP cannot be used for electronic data entry. Electronic version of forms, to be used for proposal submission, will be provided to all bidders that submit a Letter of Intent.*

## **10. PROPOSAL REQUIREMENTS AND SCORING CRITERIA**

Proposals shall follow the outline presented in this section and are required to contain all components listed and detailed below. Proposals will be reviewed as described in Section 11. **The score of a proposal will be based on the extent to which the applicant successfully addresses the required proposal components.**

### **10.1 Proposal Formatting & Adherence to Instructions – 5 Points**

An organized proposal facilitates the work of reviewers who are often reviewing multiple proposals.

Proposals shall:

- contain a Table of Contents;
- be typed, double-spaced and in no less than 11-point font;
- have one-inch margins;
- have numbered pages, following the Table of Contents;
- include requested information in appropriate sections of proposal;
- adhere to page limitations for each section;
- spell out all acronyms the first time that they are used;
- note the source of all data cited; and,
- be clipped in the upper left corner, and not be bound or stapled.

### **10.2 Proposal Face Sheet – Not scored**

### **10.3 Proposal Checklist – Not scored**

### **10.4 Table of Contents – Not scored**

### **10.5 Executive Summary (not to exceed 3 pages) Not scored**

***Proposals lacking an Executive Summary will not be reviewed.***

Summarize the agency/bidder organization information (include any networks or subcontractors to be involved), the proposal and the estimated total number of people to be served by these funds. The Executive Summary is an integral component of the proposal review process and must be prepared as a stand-alone component.

## **10.6 Proposal Narrative and Logic Model**

### **10.6.1 Bidder Experience and Capacity** (not to exceed 4 pages) - 15 Points

This section of the proposal is intended to convey the experience and capacity of the bidder, its staff and any collaborating partners to carry out the scope of services. It should convince reviewers that the bidder is the most qualified candidate to provide the services requested.

1. Describe the bidder's overall **mission, program, and services**, indicating how they relate to the goals and priorities described in Section 2 of the RFP.
2. Describe/demonstrate in the proposal that the bidder and any collaborating partners have the **experience, capacity and access to the target population** necessary to meet the goals, objectives, and priorities of the program; provide the minimum required services as described in Section 3 of the RFP; and, to meet the performance measures. This includes:
  - a. its overall ability to perform the technical aspects of the program;
  - b. the availability of qualified and experienced personnel;
  - c. the availability of adequate facilities, general environment, and resources for the proposed services; and,
  - d. adequacy of plans for the administration of the program. Please include an organizational chart.
3. Clearly describe arrangements for coordination of services and exchange of information with other health care providers and agencies. Copies of subcontracts or memorandum of understanding, letters of support are provided as applicable summarizing clearly and specifically the nature of the collaboration and level of support.

### **10.6.2 Plan of Operation** (not to exceed 6 pages) - 60 Points

This section of the proposal supplements the Logic Model and Staff List Form and describes in detail how the bidder will meet the overall goal(s) described in Section 2 and the Scope of Services of the RFP. Successful applicant will:

1. Describe and demonstrate the bidder's ability to access the MSM population at high risk in the bidder's service area.
2. Describe, concisely and completely how the program will operate by addressing the selected headings from the Social Networks Testing Implementation Protocol below:
  1. Recruiter Enlistment
    - Describe procedures for identifying, screening, approaching, and enlisting potential recruiters.



- Define specific staff members who will perform each function in the recruiter enlistment phase.
2. Engagement
    - Define how and when new recruiters will be oriented to the program.
    - Describe the process that recruiters will be interviewed to elicit information about their network associates. Specifically, by which staff person and how will that staff person obtain network associate information from the recruiter?
    - Describe the type of information that will be obtained from recruiters.
    - Describe how interviewers will work with recruiters to develop coaching plans for attempting to recruit network associates for HIV CTR.
    - Describe how information gathered during interviews will be documented.
    - Discuss how many recruiters the agency is capable of working with at any one given time.
    - Describe the process by which recruiters will be coached and by which staff members.
  3. Recruitment of Network Associates
    - Describe how the process by which the program will track each recruiter's progress including how the program will work with each recruiter to follow up with network associates who do not show up for HIV CTR.
  4. HIV Counseling, Testing, and Referral (HIV CTR)
    - Describe the referral services available to clients, either directly or through other agencies (e.g., medical evaluation; additional HIV prevention interventions; substance abuse treatment; mental health treatment; and social services)
    - Describe procedures for making referrals and confirming if the client acted on the referrals.
  5. Incentives, Reporting Requirements, Confidentiality, and Promotion
    - Define who will receive the incentives.
    - Describe what incentives will be used.
    - Describe when and under what conditions they will be provided.
    - Specify staff that will be responsible for obtaining, managing and distributing incentives.
    - Describe the process by which the program will ensure the security and confidentiality guidelines put forth by the STD/HIV Section will be followed.
  3. The roles of each staff member, identifying each staff member by name or, by title if the position is vacant. Provide, as attachments, current resumes for all program staff and detailed job descriptions for all vacant positions. These attachments will not be counted as part of the page limitation; and,

4. Complete the provided electronic Staff List Form according to instructions.

### **10.6.3 Logic Model – (Attachment A - No Page Limit) - 10 points**

The Logic Model is a tool used to describe, in detail, the conditions that put the population at risk in addition to the resources, activities and outputs specific to your proposed intervention. For the purposes of this RFP, the Logic Model will follow the template provided. Logic Models should be detailed, but brief in description and contain information only pertinent to the specific intervention and the specific population to be served.

Applicants will complete each column in the Logic Model according to the instructions. The STD/HIV Section has completed some areas, as they are required components to successfully deliver the intervention. This should assist applicants in completing the Logic Model and ensure consistency:

Conditions Statement – A description of the population to be served, taking into account their needs, access to care and access to services; a description of the underlying social issues in your community that effect the population you are targeting (be specific about the effect these issues have on this populations access to HIV testing, care and education); a description of your agency’s ability to meet the specific HIV related needs of this population in your community – be specific about your relationship with the population, your services and your role in the community at large, including any ongoing collaborations.

Inputs – A detailed listing of resources needed to complete this particular intervention that you are applying for funding to support. This is not a listing of the resources needed to run your agency. Be specific. For example, instead of listing “staff” as a need, be clear about what kind of staff (outreach, counselor, administrative, etc) and the time needed for that staff (FTE, .25 FTE, etc) Other items to consider in this section include: materials, physical space and community supports.

Activities – This area has been completed by the STD/HIV Section and reflects the activities required to deliver this intervention. Please review this area prior to completing the inputs section.

Outputs –The STD/HIV Section has listed the deliverables related to this intervention. These deliverables will form the basis of the evaluation plan for this intervention. Applicants will enter specific target numbers in the blank spaces. These targets should be realistic and attainable. If possible, base the target numbers on local population demographics – numbers of target population in the community, numbers of target population that the applicant has access to, etc. The STD/HIV Section has predetermined the target percentages.

Immediate Outcomes – The STD/HIV Section has predetermined the Immediate Outcomes. These are the expected outcomes assuming proper implementation of the intervention.

Long Term Outcomes - The STD/HIV Section has predetermined the Long Term Outcomes. This section reflects the potential outcomes assuming proper implementation of the intervention.

#### **10.6.4 Budget and Justification - 10 Points**

For the purposes of this RFP, the **Budget Period is defined as: July 1, 2009 to June 30, 2010.**

The proposed budget shall be appropriate in relation to the proposed activities, reasonable, clearly justified, and consistent with the intended use of funds. It shall include the following items:

- 1. Budget Form (provided by DPHS) See RFP Enclosures, Section 16.** This form details the costs of your proposal. The Budget Form shall be submitted electronically and in hard copy.

- 2. Budget Justification - (Not to exceed 2 pages)**

A Budget Justification must be completed for the Budget Period.

- Describe in detail each expense item and personnel position for which funding is requested, linking each to the services to be provided. Use the numbered items as listed in the Budget Form and Justification Instructions (See Enclosures) to organize this justification narrative.
- Ensure that the budget is appropriate in relation to the proposed activities, reasonable, clearly justified, and consistent with the intended use of funds.
- Proposals should provide the best value for cost/price bid.
- The indirect costs shall not exceed 10 %.

- 3. Sources of Revenue Form (provided by DPHS)**

The Sources of Revenue Form shall be submitted electronically and in hard copy.

- Complete one Sources of Revenue Form for each Budget Period.
- Provide clear information about other sources of revenue for the program other than state funds.
- Show in-kind contributions for the same Budget Periods.

- 4. Staff List Form (provided by DPHS)**

The Staff List Form shall be submitted electronically and in hard copy.

- Include all staff in the program funded in part or in whole from this proposal.
- Complete one Staff List Form for each Budget Period.

## **11. PROPOSAL REVIEW AND EVALUATION**

DPHS will convene a review panel to conduct an objective review of proposals received in response to this RFP process. The panel will be comprised of internal and external reviewers for competitive proposals. All reviewers are required to sign a conflict of interest agreement to assure their impartiality during the review process.

**Scoring of proposals will be based solely on what is submitted in writing by the bidder in response to this RFP.** The merits of each proposal will be evaluated and scored according to the scoring criteria described in Section 10.

In situations in which proposal scores are close or equal after the initial review, the DPHS may choose to conduct a second review of the proposals with comparable scores, and/or may request that bidders present a live presentation to the review committee of their proposal. The DPHS reserves the right to request additional information in order to make a final determination of the successful bidder(s).

DPHS reserves the right to accept or reject any proposal, and to waive any minor irregularities in the proposals. DPHS reserves the right to make final funding decisions based on the availability of funds, geographic distribution of services, prior bidder performance (if applicable), and other Department priorities.

Please note that DPHS recommends the awarding of a contract to the Governor and Executive Council. Thus, the RFP and contract process is not complete without approval of the Governor and Executive Council.

## **12. PROCEDURES FOR BIDDER SELECTION AND NOTIFICATION**

### **Notice of Selection Procedures**

A letter of selection will be sent to selected bidders by the date noted in the procurement timetable. The scope of services and budget may be negotiated based upon the merit of the proposal as evaluated by the review panel, availability of funding, and conditions of the award. Failure of a selected bidder to satisfactorily negotiate within a reasonable time may result in the bidder forfeiting its award.

DPHS may negotiate the funding of geographic service areas and selected activities of a proposal if other activities can be funded more efficiently through different providers. DPHS may also require a bidder to make appropriate linkages with other contractors/vendors and programs in order to receive funding.

### **Recommendation for Non-Selected Proposals**

In accordance with New Hampshire Statutes Chapter 21-I:13-a, no information shall be available to the public, the members of the general court or its staff, notwithstanding the provisions of RSA 91-A:4, concerning specific invitations to bid or other proposals for public bids, from the time the invitation or proposal is made public until the bid is actually awarded, in order to protect the integrity of the public bidding process. This means that no information can be provided to non-selected bidders until contracts are awarded to selected bidders through the Governor and Executive Council.

After contracts for selected bidders are approved by Governor and Executive Council, non-selected bidders may request an opportunity to:

- 1) Discuss with DPHS administrative staff the reasons for not being selected.

- 2) Receive recommendations that may make future proposals more effective.

Such requests shall be submitted in writing to:

NH DHHS, DPHS, Bureau of Policy and Performance Management  
ATTN: Joan H. Ascheim  
29 Hazen Drive Concord, NH 03301-6504

Such requests are not considered appeals. Once a bidder has submitted a letter, DPHS will attempt to accommodate such requests within a reasonable time.

### **13. DOCUMENTS FOR CONTRACT APPROVAL**

Following selection, selected bidders will be required to submit the following documents for contract approval:

- Signed and notarized **General Provisions (P-37)** (form provided by DPHS).
- Signed and notarized **Certificate of Vote** (sample provided by DPHS).
- Revised budget and budget justification pages.
- Most recent **Agency Financial Audit, or audited financial statements** (required only for contracts purchasing social services)
- Agency/bidder **Mission Statement** - (required only for contracts purchasing social services)
- **Key Administrative Personnel Sheet** - (required only for contracts purchasing social services) a chart of key administrative personnel.
- **Resumes** - (required only for contracts purchasing social services) current resume/curriculum vitae of each person listed in the Key Personnel Sheet.
- **Board of Directors List** - (required only for contracts purchasing social services)
- **Certificate of Good Standing** - (not required for municipalities) this is a Certificate of Good Standing, Registration, or Authorization, as appropriate, that is issued by the NH Secretary of State's office and is proof of a company/organization's existence.
- **Certificate(s) of Insurance** for General Liability and Worker's Compensation Insurance with the following listed as the Certificate Holder:

Director, Division of Public Health Services  
NH Department of Health & Human Services  
29 Hazen Drive  
Concord, NH 03301-6504

- Signed copies of additional assurances: **Exhibits D; E; F; G; H; and I** (provided by DPHS).

**Please make arrangements in advance for any necessary Board actions so that contract documents can be returned by the date listed in the procurement timetable. Successful**

contract document completion will result in a contract becoming effective on the date in the procurement timetable or upon approval by the Governor and Executive Council of the State of New Hampshire, whichever is later. **Delays in returning contract documents may result in contracts not being effective on that date.** No services occurring before the effective date are reimbursable under the contract.

#### **14. ADDITIONAL INFORMATION**

##### Amendments

DPHS has the option of amending the Agreement throughout the funding cycle based on program performance, fiscal expenditure, and other contract requirements. All amendments require approval by the Governor and Executive Council.

##### Renewals

DPHS has the option to renew the Agreement for two additional years, pending availability of funding, the agreement of the parties, and approval by Governor and Council.

##### Cancellation

DPHS may, upon determining that no satisfactory proposals have been received for any particular service, decide to re-bid for this particular service.

##### Public Record

All proposals become the property of the State of New Hampshire and will be a matter of public record.

#### **15. RESPONSIBILITIES OF THE DIVISION OF PUBLIC HEALTH SERVICES**

DPHS will take an active role in providing technical assistance to the contract organizations on relevant issues (e.g., program implementation and evaluation) by conducting site visits and maintaining frequent telephone contact.

All documents (written, video, audio) produced or purchased under the contract shall have prior approval from DPHS before printing, production, distribution or use. The DPHS will retain COPYRIGHT ownership for any and all original materials produced with DPHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contracted organizations may not reproduce any materials produced under the contract without prior written approval from DHHS.

## **16. ENCLOSURES**

Letter of Intent Form  
Proposal Face Sheet & Instructions  
Proposal Checklist  
Logic Model Template  
Staff List Form & Instructions  
Budget Form  
Budget Form and Justification Instructions  
Sources of Revenue Form & Instructions  
Comprehensive General Liability Insurance Acknowledgement Form

**LETTER OF INTENT TO APPLY FOR  
NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH SERVICES FUNDING  
FISCAL YEAR 2010**

***Deadline***

**Required Letters of Intent must be received at DPHS no later than  
4:30 PM, EST on April 7, 2009**

Letters of Intent can be faxed to the # below or e-mailed to: [Lindsay.Pierce@dhhs.state.nh.us](mailto:Lindsay.Pierce@dhhs.state.nh.us)

**To:** Lindsay Pierce  
STD/HIV Section  
Division of Public Health Services  
29 Hazen Drive  
Concord, NH 03301-6504

**Telephone #:** (603) 271-4502 **Fax#:** (603) 271-4934

**Re:** Letter of Intent for SFY 2010 funding

***BIDDER INFORMATION***

<b><i>Legal Name of Bidder:</i></b> <i>(please include "d.b.a." if applicable)</i>	
<b><i>Executive Director:</i></b>	
<b><i>Street Address:</i></b>	
<b><i>City, State and Zip Code:</i></b>	
<b><i>Telephone:</i></b>	
<b><i>Fax:</i></b>	
<b><i>E-mail address:</i></b> <i>(to send electronic documents to)</i>	
<b><i>Contact Person and Title:</i></b>	

**I understand that this proposal is due by 4:30pm on May 5, 2009 and will not be accepted after that time. \_\_\_\_\_ (to be signed by contact person listed above).**

Please indicate below the name of the RFP for which bidder is submitting a proposal and write in the geographical service area.

We intend to submit a proposal(s) for funding for the following:

Name of RFP	Geographical Service Area



# Proposal Face Sheet

11. Enter projected/contracted numbers of clients to be served by population per Budget Period:

[illegible]

**New Hampshire Department of Health and Human Services  
Division of Public Health Services**

**Proposal Face Sheet  
Instructions**

- 1. Legal name of bidder:** Enter the legal name of the bidder. This must match the name on the Certificate of Good Standing.
- 2. Name of RFP:** This is the name of the Request for Proposals to which you are responding, such as the HIV Prevention Services RFP or Tobacco Addiction Treatment Services and Resource Center RFP. One face sheet and complete set of forms should be completed for each proposal.
- 3. Amount of funds requested through this proposal:** (See Section 1 of RFP)
- 4. Budget Period(s):** See Section 10.6.4. Enter the beginning and ending date(s) for the Budget Period(s) as detailed in Section 10.6.4.
- 5. Name and title of contact person for proposal:** Enter the name of the contact person and their title within the bidder organization (i.e. Executive Director, Program Coordinator). This should be the person who can answer questions relative to the proposal.
- 6. Mailing address:** Enter the address to which correspondence relative to the proposal should be sent.
- 7. Phone number:** Enter the phone number for the contact person.
- 8. Fax number:** Enter the fax number to which correspondence relative to the proposal should be sent.
- 9. E-mail address:** Enter the e-mail address for the contact person.
- 10. Geographic area to be served:**  
Identify the geographic area to be served (See section 1 of RFP)
- 11. Projected/contracted numbers of clients to be served per Budget Period by population:** List the Budget Period(s) in the left column, the target population in the center column, and the number of clients in that population that you project serving or are contracted to serve in the right column. For example – for family planning, list teens and the number of teens you project to serve per Budget Period.

**New Hampshire Department of Health and Human Services  
Division of Public Health Services**

## **Proposal Checklist**

**Bidder Name:**

This checklist is provided to assist you in assuring your proposal is complete. Please check off all required items and submit it with your proposal. Write “N/A” if the item is not applicable to your proposal.

Face Sheet [      ]

Executive Summary [      ]

***Proposals lacking an Executive Summary will not be reviewed.***

Narrative [      ]

Staff List Form [      ]

Budget Form [      ]

Budget Justification [      ]

Sources of Revenue Form [      ]

Comprehensive General Liability  
Insurance Acknowledgement Form [      ]

Curriculum Vitae [      ]

Logic Model [      ]

## **SOCIAL NETWORK TESTING HIV INTERVENTION LOGIC MODEL SFY 2010**

**Population Description:** Men who have sex with Men (MSM)

Conditions Statement (Describe factors that place a population at risk and the ability of your agency to meet the needs of this population for this intervention)	Inputs (List items and resources needed to implement this intervention)	Activities (Actions conducted to implement this intervention – Completed by the STD/HIV Section)	Outputs (Deliverables or products that result when this intervention is implemented – applicant shall input the projected #'s to be served)	Immediate Outcomes (Changes that occur during or immediately after the delivery of this intervention – Completed by the STD/HIV Section)	Intermediate Outcomes (Changes that occur sometime after the this intervention is completed – Completed by the STD/HIV Section)	Long term Outcomes (Long term results of the implementation of this intervention over time –Completed by the STD/HIV Section)
		Identify and screen potential recruiters  Recruiter orientation  Recruiter social network interviews  Recruiter Coaching  Recruiter ongoing support  Recruitment of network associates by recruiter  HIV prevention counseling  HIV Testing	___recruiters that are enrolled *SFY 2010  100% enrolled recruiters are identified as high risk MSM  ___network associates identified by recruiters.  ___network associates will complete CTR within FY 2010  90% of network associates tested for HIV will receive their results within 30 days of testing	HIV-positive persons not previously aware of their infection will be identified and linked to medical, prevention, and other services  HIV-negative persons at high risk for becoming infected with HIV will be identified and linked to prevention and other services.	Increased perception of HIV risk  Increased knowledge of HIV transmission  Reduction in HIV risk behaviors	Decreased rate of HIV infection among MSM population in New Hampshire  Decreased morbidity and mortality among MSM population in New Hampshire

		HIV + and HIV- High Risk Referral to Appropriate services	<p>100% of network associates that test positive for HIV will receive documented referral for medical services / care</p> <p>100% of network associates identified as high risk negatives will receive documented referral to prevention and/or other services</p>			
--	--	--	--	--	--	--

\* Enrolled = member of target population identified as high risk and completes recruiter orientation process



**New Hampshire Department of Health and Human Services  
Division of Public Health Services**

**Staff List Form  
Instructions**

This form should include all staff in the program funded in part or whole through this proposal. It should provide an accurate projection of all staff salaries to be paid through the grant for the Budget Period. Complete one Staff List Form for each Budget Period.

List each staff member's:

- A. Position Title;
- B. Name;
- C. Hourly rate as of the first day of the Budget Period;
- D. Number of hours per week in the program (total);
- E. Amount of the total salary funded by this program for the Budget Period;
- F. Amount of the total salary funded from other sources for the Budget Period; and,
- G. Total salaries all sources (E & F).

If the program has current positions or projected new positions that will be paid out of the proposed contract, list them as vacant in the name column and complete the remaining columns as instructed above.

If the program has more than one site:

- H. List the site at which each staff member works. Do not include volunteers or consultants.

The total salaries should match the total salary/wages line item on the Budget Form. Benefits are not included here. Consultants should be listed separately on that line item of the Budget Form and described in the Budget Narrative.

**Please note, any forms downloaded from the DHHS website will NOT calculate. Electronic versions of forms are provided to all bidders submitting a Letter of Intent.**

**New Hampshire Department of Health and Human Services  
Division of Public Health Services  
Budget Form**

**COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD**

**Bidder/Program Name:** \_\_\_\_\_

**Budget Request For:** \_\_\_\_\_

*(Name of RFP)*

**Budget Period:** \_\_\_\_\_

Line Item	SFY 2010 Program Funds Requested	SFY 2010 Other Funds	Total
1. Total Salary/Wages	\$	\$	\$
2. Employee Benefits	\$	\$	\$
3. Consultants	\$	\$	\$
4. Equipment:	\$	\$	\$
Rental	\$	\$	\$
Repair and Maintenance	\$	\$	\$
Purchase/Depreciation	\$	\$	\$
5. Supplies:	\$	\$	\$
Educational	\$	\$	\$
Lab	\$	\$	\$
Pharmacy	\$	\$	\$
Medical	\$	\$	\$
Office	\$	\$	\$
6. Travel	\$	\$	\$
7. Occupancy	\$	\$	\$
8. Current Expenses	\$	\$	\$
Telephone	\$	\$	\$
Postage	\$	\$	\$
Subscriptions	\$	\$	\$
Audit and Legal	\$	\$	\$
Insurance	\$	\$	\$
Board Expenses	\$	\$	\$
9. Software	\$	\$	\$
10. Marketing/Communications	\$	\$	\$
11. Staff Education and Training	\$	\$	\$
12. Subcontracts/Agreements	\$	\$	\$
13. Other ( <i>specific details mandatory</i> )	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Sub-Total Direct Costs</b>	\$	\$	\$
14. Indirect Costs ( <b>not to exceed 10%</b> )	\$	\$	\$
<b>TOTAL</b>			

**Please note, any forms downloaded from the DHHS website will NOT calculate.  
Electronic versions of forms are provided to all bidders submitting a Letter of Intent.**



**New Hampshire Department of Health and Human Services  
Division of Public Health Services**

## **Budget Form and Justification Instructions**

*Electronic (Excel) Budget Forms will be provided by DPHS to bidders submitting a Letter of Intent. Submit completed Budget Form(s) electronically and in hard copy.*

Submit one Budget Form for each program and each Budget Period for which you are requesting funds. In the column: “Funds Requested” list funds for each line item for which you are requesting funds through this proposal. In the column “Other Funds” list funds from other sources by line item. It is not necessary to enter anything in the total column or row, as all totals will be calculated for you. In addition, a Budget Justification must be submitted with each Budget Form.

Use the information below in developing the budget and preparing the Budget Justification. Additional Guidelines for Budget Preparation are available by requesting them from the RFP contact person for those needing more guidance.

1. **Salary/Wages**—Budget Form: from the Staff List Form, include the totals from column E under Funds Requested and the total from F under Other Funds.
2. **Employee Benefits**—Identify the percentage of salary estimated for all fringes.
3. **Consultants**—Budget Form: include the total amount for all consultants.
4. **Equipment**—Identify under the appropriate item (rental, repair and maintenance, or purchase/depreciation) what the total projected expenses will be. NOTE: Purchase of equipment in excess of \$300 must be approved in writing prior to purchase.
5. **Supplies**—Identify projected expenses separately for educational, medical, laboratory, pharmacy, and office.
6. **Travel**—Identify total projected expenses for in state, out-of-state, and conferences. In the narrative state per mile and allowable expenses (based on bidder’s travel policies).
7. **Occupancy**—Identify total cost of occupancy narrative.
8. **Current Expenses**—Identify projected expenses separately for telephone, postage, subscriptions, audit and legal, insurance, and board expenses. Note: Contract funds can only be used for audit expenses if the audit is completed in compliance with A-133 federal guidelines.
9. **Software**—Identify projected expenses of software purchase.
10. **Marketing/Communications**—Identify projected expenses to increase awareness and visibility as well as to promote the program, including brochures, newsletters, and press kits.
11. **Staff Training and Education**—Budget-identify funds used for staff training and education.
12. **Subcontracts/Agreements**—Identify funds used to enter into sub-contracts or agreements with other contractors/vendors to carry out the services of Exhibit “A”.
13. **Indirect Costs**—Identify total amount of indirect costs for this program. **Not to exceed 10%.**
14. **Other**—**Specific details mandatory** for any other program expenses not previously noted above.

# Sources of Revenue Form

New Hampshire Department of Health and Human Services Division of Public Health Services				
Bidder/Program Name: _____ Name of RFP: _____ Budget Period: _____				
A	B		C	
Sources of Revenue (Funds)	Revenue for Currently Funded Programs for Current Budget Period		Projected Revenue for Proposed Budget Period	
	Dollar Amount	Percentage	Dollar Amount	Percentage
<i>Note: Please do not include funds from unrelated initiatives within your organization.</i>				
DPHS Funds (specify source below)				
Other State Funds (specify source below)				
City/Town Funds				
Other Federal Funds				
United Way				
Medicaid				
Client Fees				
Fundraising				
Other (specify below)				
<b>TOTAL</b>	<b>\$0.00</b>		<b>\$0.00</b>	
In-kind (specify below)				
<b>TOTAL</b>	<b>\$0.00</b>		<b>\$0.00</b>	

**Please note, any forms downloaded from the DHHS website will NOT calculate.** Electronic versions of forms are provided to all bidders submitting a Letter of Intent.

New Hampshire Department of Health and Human Services  
Division of Public Health Services

## Sources of Revenue Form Instructions

Electronic (Excel) Sources of Revenue Forms will be provided by DPHS to bidders submitting a Letter of Intent. Submit completed Sources of Revenue Form(s) electronically and in hard copy.

Submit one Sources of Revenue (SOR) Form for each program and each Budget Period for which you are requesting funds.

*Please do not include funds from unrelated initiatives within your organization.*

**Column A:** Many programs receive funds (revenue) from multiple sources; list these **sources** in this column, as indicated.

**Column B:** **For Currently Funded Programs**, list the actual **dollar amounts** of revenue by source, for the program's **current** Budget Period. Percentages will automatically calculate in the Percentage column (in electronic version of the form).

**Column C:** List the projected **dollar amounts** of revenue by source, for the **projected** Budget Period. Percentages will automatically calculate in the Percentage column (in electronic version of the form).

***In-Kind Revenue:*** *Please list sources and value of **In-Kind Revenue** in the lower portion of **Columns A, B and C**.*

**Please note, any forms downloaded from the DHHS website will NOT calculate. Electronic versions of forms are provided to all bidders submitting a Letter of Intent.**

**New Hampshire Department of Health and Human Services  
Division of Public Health Services**

**Comprehensive General Liability Insurance Acknowledgement Form**

The New Hampshire Office of the Attorney General requires that the Request for Proposal (RFP) package inform all bidders of the State of New Hampshire's general liability insurance requirements. The limits of liability required are dependent upon your corporation's legal formation, and the annual total amount of contract work with the State of New Hampshire.

Please select only ONE of the checkboxes below that best describes your corporation's legal formation and annual total amount of contract work with the State of New Hampshire:

**Insurance Requirement for (1)** - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed \$500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed \$500,000, is comprehensive general liability insurance in amounts of not less than \$1,000,000 per claim or occurrence and \$2,000,000 in the aggregate. *These amounts may NOT be modified.*

☐ (1) The contractor certifies that it **IS** a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does **not** exceed \$500,000.

**Insurance Requirement for (2)** - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

☐ (2) The contractor certifies it does **NOT** qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

Please indicate your current comprehensive general liability coverage limits below, sign, date and return with your proposal package.

\$\_\_\_\_\_ Per Claim      \$\_\_\_\_\_ Per Incident/Occurrence      \$\_\_\_\_\_ General Aggregate

\_\_\_\_\_  
Signature & Title

\_\_\_\_\_  
Date

This acknowledgement must be returned with your proposal.